

<i>SERFF Tracking Number:</i>	<i>AFDL-125765006</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39899</i>
<i>Company Tracking Number:</i>	<i>MEDLINK III OP POD</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>MEDlink III OP POD</i>		
<i>Project Name/Number:</i>	<i>MEDlink III OP POD/MEDlink III OP POD</i>		

Filing at a Glance

Company: American Public Life Insurance Company

Product Name: MEDlink III OP POD

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: AFDL-125765006

SERFF Status: Closed

Co Tr Num: MEDLINK III OP POD

Co Status:

Authors: Shari Vick, Ashlie Snyder

Date Submitted: 08/11/2008

State: ArkansasLH

State Tr Num: 39899

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 08/16/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MEDlink III OP POD

Project Number: MEDlink III OP POD

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/16/2008

State Status Changed: 08/16/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile: 08/07/2008

Domicile Status Comments: Filed

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association

Deemer Date:

American Fidelity Assurance Company is filing the above listed forms for approval with your Department on behalf of American Public Life Insurance Company. A letter of authorization is enclosed.

The rider is a new form and not intended to replace any form previously approved or declined by your department. The application is a revised form and will replace form MEDlink III Master App (1/08) previously approved by your Department on 04/17/2008. This is a group supplemental optional rider, along with the master application to be used in applying for this coverage. The issue ages for these policies is age 17 and older. The policy/certificate will be marketed

SERFF Tracking Number:	AFDL-125765006	State:	Arkansas
Filing Company:	American Public Life Insurance Company	State Tracking Number:	39899
Company Tracking Number:	MEDLINK III OP POD		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	MEDlink III OP POD		
Project Name/Number:	MEDlink III OP POD/MEDlink III OP POD		

by American Public Life Insurance Company licensed agents and appointed brokers. The product will be marketed to employer groups and association groups previously approved by your Department. This rider and application was filed in our domicile state of Oklahoma on August 6, 2008.

This rider was created to allow for the option of a per-occurrence deductible choice on the Outpatient Hospital Benefit Rider. The application was revised to add this option. The employer will have two options: an annual deductible of [\$100-1,000] Per Covered Person Per Calendar Year (as previously approved); or, [\$100-1,000] Per Occurrence Per Covered Person. The option chosen will be set out on the Policy/Certificate Schedule in this manner.

The Flesch scores are: GM/GC MEDlink III OP POD Outpatient Hospital Benefit Rider, 53; and MEDlink III Master App.808 master application, 52.

These forms may eventually be issued from an automated system. We will make every attempt to produce the automated version to duplicate this final printed format; however, fonts and word wrap can vary when going from one system or printer to another. We will not alter the wording and will try to duplicate all pages, including keeping the verbiage on each page as submitted for approval. The pages may print on different colors of paper depending upon the market.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state and such forms contain no provisions previously disapproved by the Department.

Company and Contact

Filing Contact Information

Shari Vick, Compliance Analyst II	shari.vick@af-group.com
2000 Classen Blvd	(800) 654-8489 [Phone]
Oklahoma City, OK 73106	(405) 523-5793[FAX]

Filing Company Information

American Public Life Insurance Company	CoCode: 60801	State of Domicile: Oklahoma
2305 Lakeland Drive	Group Code: 330	Company Type: LAH
Flowood, MS 39232	Group Name:	State ID Number:

<i>SERFF Tracking Number:</i>	<i>AFDL-125765006</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39899</i>
<i>Company Tracking Number:</i>	<i>MEDLINK III OP POD</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>MEDlink III OP POD</i>		
<i>Project Name/Number:</i>	<i>MEDlink III OP POD/MEDlink III OP POD</i>		

(601) 936-2157 ext. [Phone]

FEIN Number: 64-0349942

SERFF Tracking Number:	AFDL-125765006	State:	Arkansas
Filing Company:	American Public Life Insurance Company	State Tracking Number:	39899
Company Tracking Number:	MEDLINK III OP POD		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	MEDlink III OP POD		
Project Name/Number:	MEDlink III OP POD/MEDlink III OP POD		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$25 per rider/app
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Public Life Insurance Company	\$50.00	08/11/2008	21877188

<i>SERFF Tracking Number:</i>	<i>AFDL-125765006</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39899</i>
<i>Company Tracking Number:</i>	<i>MEDLINK III OP POD</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>MEDlink III OP POD</i>		
<i>Project Name/Number:</i>	<i>MEDlink III OP POD/MEDlink III OP POD</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/16/2008	08/16/2008

<i>SERFF Tracking Number:</i>	<i>AFDL-125765006</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39899</i>
<i>Company Tracking Number:</i>	<i>MEDLINK III OP POD</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>MEDlink III OP POD</i>		
<i>Project Name/Number:</i>	<i>MEDlink III OP POD/MEDlink III OP POD</i>		

Disposition

Disposition Date: 08/16/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AFDL-125765006</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39899</i>
<i>Company Tracking Number:</i>	<i>MEDLINK III OP POD</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>MEDlink III OP POD</i>		
<i>Project Name/Number:</i>	<i>MEDlink III OP POD/MEDlink III OP POD</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorization	Approved-Closed	Yes
Form	Outpatient Hospital Benefit Rider	Approved-Closed	Yes
Form	Master App	Approved-Closed	Yes

SERFF Tracking Number: AFDL-125765006 State: Arkansas
Filing Company: American Public Life Insurance Company State Tracking Number: 39899
Company Tracking Number: MEDLINK III OP POD
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: MEDlink III OP POD
Project Name/Number: MEDlink III OP POD/MEDlink III OP POD

Form Schedule

Lead Form Number: GM/GC MEDlink III OP POD

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GM/GC MEDlink III OP POD	Policy/Cont Outpatient Hospital ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	MEDlink III OP POD.pdf
Approved-Closed	MEDlink III Master App.808	Application/ Master App Enrollment Form	Revised	Replaced Form #: MEDlink III Master App (1/08) Previous Filing #: AFDL-125593019	52	MEDlinkIII MApp.808.pdf

OUTPATIENT HOSPITAL BENEFIT RIDER

(This Rider is subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy/Certificate to which it is attached which are not in conflict with those of the Rider.)

AGREEMENT

This Rider is a part of the Policy/Certificate to which it is attached. We have issued this Rider to You because:

- (a) You paid the initial additional premium; and
- (b) We relied on the application You made.

DEFINITIONS

Hospital Emergency Room means a portion of a Hospital where emergency diagnosis and treatment of Sickness or injury due to an Accident is provided.

Hospital Outpatient Facility means an area contained within a Hospital building that is owned and operated by the Hospital and not otherwise excluded under the terms of this policy where patients receive diagnostic testing or treatment without being admitted to the Hospital on an Inpatient basis.

Freestanding Outpatient Surgery Center means a freestanding facility, other than a Physician's Office, where surgical and diagnostic services are provided on an ambulatory basis.

Magnetic Resonance Imaging (MRI) Facility means a freestanding diagnostic imaging facility that provides diagnostic testing using magnetic resonance imaging.

Deductible means the amount, as shown in the Schedule of Benefits, of Covered Charges for which this rider will pay no benefits for Covered Outpatient Services.

OUTPATIENT HOSPITAL BENEFITS

After satisfaction of the Deductible shown in the Schedule of Benefits, We will pay the Coinsurance Percentage of out-of-pocket expenses for Covered Charges for Covered Outpatient Services up to the Maximum Outpatient Benefit shown on the Schedule of Benefits if the Covered Person is covered by Another Medical Plan at the time the Covered Charges are incurred. **The Deductible will apply to each Covered Outpatient Service that is separated by 24 hours or more.**

Covered Outpatient Services are:

- (a) Outpatient treatment in a Hospital Emergency Room without subsequently being considered an Inpatient and limited to two (2) visits per Calendar Year per Covered Person and four (4) visits per Calendar Year per family; and
- (b) Outpatient surgery performed in a Hospital Outpatient Facility or a Freestanding Outpatient Surgery Center; and
- (c) Outpatient diagnostic testing performed in a Hospital Outpatient Facility or a Magnetic Resonance Imaging (MRI) Facility; and
- (d) Outpatient treatment of a Mental or Emotional Disorder performed in a Hospital Outpatient Facility, limited to thirty (30) days of treatment per Calendar Year.

Absence of Other Medical Plan: In the event a Covered Person has no Other Medical Plan in force when out-of-pocket expense is incurred:

- (a) benefits will be derived using the Assumed Other Medical Plan, as described below; and,
- (b) coverage under the Policy will be terminated for such Covered Person, and any other person in the same family unit whose Other Medical Plan coverage is not in effect. Such Covered Person(s) will not be entitled to any Extensions or Continuations described in Section 5, except COBRA Continuation, where applicable.

MAXIMUM OUTPATIENT HOSPITAL BENEFIT	ASSUMED OTHER MEDICAL PLAN
\$2,000 or less	\$100 deductible, then 20% co-insurance for the first \$5,000 of Covered Charges per Calendar Year per person.
\$2,001 - \$2,750	\$250 deductible, then 20% co-insurance for the first \$10,000 of Covered Charges per Calendar Year per person.
\$2,751 - \$4,250	\$500 deductible, then 20% co-insurance for the first \$10,000 of Covered Charges per Calendar Year per person.
\$4,251 or more	\$1,000 deductible, then 20% co-insurance for the first \$10,000 of Covered Charges per Calendar Year per person.

TERMINATION

This Rider terminates:

- (a) when Your coverage terminates under the Policy/Certificate to which this Rider is attached; or,
- (b) when any premium for this Rider is not paid before the end of the Grace Period; or,
- (c) when You give Us a written request to do so.

Coverage on a Dependent terminates under this Rider when such person ceases to be an Eligible Dependent.

PREMIUMS

While this Rider is in effect, premiums are due according to the terms of the Policy/Certificate. We reserve the right to change the premiums for this Rider. If We do change such premiums, We will do so only if We give You 45 days notice before such change becomes effective.

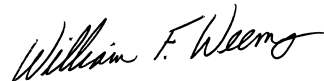
EFFECTIVE DATE

The Effective Date of this Rider is the Policy Date and the Benefit Amount, Premiums, Insured Persons and Issue Age are as shown in the Schedule of Benefits. Unless amended by this Rider, Policy/Certificate Definitions and Terms apply to this Rider.

Signed for American Public Life Insurance Company at Flowood, Mississippi.



Assistant Secretary



Vice President and C.A.O.



1. Name of Holder:	2. Main address:
3. Nature of Business:	
4. Classes and locations of persons eligible:	5. Subsidiary and affiliated organizations:
6. Total number of persons eligible: For Individual Benefits: For Dependent Benefits:	
7. Have any of the classes of persons eligible been covered under any group policy or plan within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify the: (a) benefits provided; (b) underwriting company or organization; and (c) date these benefits were terminated.	
8. GROUP INSURANCE APPLIED FOR (please check): <input type="checkbox"/> MEDlink® III <i>Coinsurance Percentage:</i> <input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <i>Maximum In-Hospital Benefit Amount:</i> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$3,500 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$4,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Outpatient Hospital Benefit Rider <i>Maximum Outpatient Hospital Benefit Amount:</i> <input type="checkbox"/> 50% of Maximum In-Hospital Benefit Amount up to a maximum of \$4,000 <input type="checkbox"/> 80% of Maximum In-Hospital Benefit Amount up to a maximum of \$4,000 <i>Outpatient Deductible:</i> <input type="checkbox"/> Annual <input type="checkbox"/> Per Occurrence <input type="checkbox"/> Waive Outpatient Deductible for Accident Treatment <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Physician's Outpatient Treatment Rider Special Request: _____	
9. MINIMUM STANDARDS Before any policy takes effect the following minimum standards must be met: a) Where Holder is an employer and eligible persons are employees: _____ employees _____ percent of employees b) Where Holder is a trade association: _____ percent of member firms must participate and maintain proper participation _____ percent of employees in firm with _____ or more employees _____ percent of employees in firm with _____ or less employees If these standards are not met, the Company may: (1) ask for satisfactory evidence of insurability before an eligible person's coverage takes effect; or (2) terminate the Policy.	
10. EFFECTIVE DATE REQUESTED: _____ If this application is approved by the Company, group insurance will take effect: (a) on the Effective Date; or, (b) on the date the required number of eligible persons have enrolled, if such persons are to pay for part of the cost of their coverage; whichever is the later date. Group insurance will be issued: (a) at the Company's rates; and, (b) under the terms and conditions of the policy or policies applied for. If this application is not approved, no insurance will take effect. Any premium payment advanced by the Holder will be returned.	
11. THE HOLDER DECLARES that to the best of his knowledge and belief the statements and answers shown above are true and complete. The Holder understands and agrees that: (a) the application will form a part of any policy issued; (b) no information given to, or acquired by, any representative of the Company will bind the Company unless it appears in writing on this application; (c) no waiver or modification will bind the Company unless it is in writing and is signed by an Executive Officer of the Company; and (d) only those persons eligible under the terms of the policy or policies issued will be covered.	
Dated At: _____ on the _____ day of _____, _____. Holder/Applicant: _____ Signed By: _____ Official Position: _____ Soliciting Agent if other than Witness: _____ Witness: _____	

<i>SERFF Tracking Number:</i>	<i>AFDL-125765006</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39899</i>
<i>Company Tracking Number:</i>	<i>MEDLINK III OP POD</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>MEDlink III OP POD</i>		
<i>Project Name/Number:</i>	<i>MEDlink III OP POD/MEDlink III OP POD</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AFDL-125765006	State:	Arkansas
Filing Company:	American Public Life Insurance Company	State Tracking Number:	39899
Company Tracking Number:	MEDLINK III OP POD		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	MEDlink III OP POD		
Project Name/Number:	MEDlink III OP POD/MEDlink III OP POD		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	08/16/2008
Comments:				
Attachment:				
	AR FLESCHE HEALTH.pdf			
Bypassed -Name:	Application	Review Status:	Approved-Closed	08/16/2008
Bypass Reason:	See form sch tab			
Comments:				
Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	08/16/2008
Bypass Reason:	N/A not required for group health			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	08/16/2008
Bypass Reason:	N/A not required for group health			
Comments:				
Satisfied -Name:	Authorization	Review Status:	Approved-Closed	08/16/2008
Comments:				
Attachment:				
	Authorization08.pdf			



ARKANSAS FLESCH CERTIFICATION

This is to certify that the Flesch scores for the enclosed forms are as follows:

Form Number	Flesch Score	Words Contained in Text
GM/GC Medlink III OP POD	30	738
MEDlink III Master App.808	52	488

The forms are printed in not less than 10 point type, one point leaded.

The application has been scored by the Flesch method.

A handwritten signature in black ink, appearing to read 'Alex M Bagby', is written over a horizontal line.

Alex M Bagby, A.S.A., M.A.A.A.
Sr. Vice President and Director of Products

August 11, 2008
Date



American Public Life Insurance Company

A member of the American Fidelity Group.

January 2, 2008

NAIC Number: 60801
FEIN Number: 64-0349942

To Whom It May Concern:

American Fidelity Assurance Company, located at 2000 N. Classen Boulevard, Oklahoma City, Oklahoma, 73125, is hereby authorized to submit forms for approval to the Department of Insurance on behalf of American Public Life Insurance Company. Changes to the forms, as may be necessary to gain approval, are included in this authorization.

Sincerely,

Alex M. Bagby, ASA, MAAA
Vice President & Chief Risk Officer